FEC FORM 2 STATEMENT OF CANDIDACY

		*		
1. (a) Name of Candidate (in full)		· ·		
Marco Rubio			· · ·	<u></u>
(b) Address (number and street)	∐ Cr	eck if address changed	2. Identification Number	er e e e e e e e e e e e e e e e e e e
2030 South Douglas Road (c) City, State and ZIP Code	<u> </u>		S0FL00338	· · · · · · · · · · · · · · · · · · ·
Coral Gables	FL	33134	3. Is This Statement X Ne	. 1 1
4. Party Affiliation	5. Office Sought		istrict of Candidate	,
REPUBLICAN PARTY	Senate	FL 0	* * *	•
DI	ESIGNATION OF PRI	NCIPAL CAMPAIGI	N COMMITTEE	
7. I hereby designate the following name	d political committee as my Princ	ipal Campaign Committee fo	or the 2010 (year of election	election(s).
NOTE:This designation should be	e filed with the appropriate	office listed in the instruc	ctions.	·
(a) Name of Committee (in full)				
MARCO RUBIO FOR US SE	NATE			
(b) Address (number and street)				
2030 SOUTH DOUGLAS RO	OAD SUITE 105			
(c) City, State and ZIP Code			· · · · · · · · · · · · · · · · · · ·	<u> </u>
CORAL GABLES	FL	33134		
I hereby authorize the following named candidacy. NOTE:This designation should b			, to receive and expend funds	s on behan of my
(a) Name of Committee (in full)				<u> </u>
FRIENDS OF DEMINT & RU	BIO			
(b) Address (number and street)				
228 S WASHINGTON ST ST	E 115	•		•
(c) City, State and ZIP Code				·
ALEXANDRIA	VA	22314		
I certify that I have e	xamined this Statement and	to the best of my knowl	edge and belief it is true,	correct, and complete.
Signature of Candidate	1/1/1/		Date	
		· · · · · · · · · · · · · · · · · · ·	10/12/2010	
NOTE:Submission of false, empire	ous or incomplete informatio	n may subject the perso	n signing this Statement t	to penalties of 2 U.S.C.§437g
	<u>-</u>			FEC FORM 2 (REV. 02/2009)

10020745

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named candidacy.	committee, which is NOT my principal campaign committee, to receive and expend funds	s on behalf of my
NOTE:This designation should	be filed with the principal campaign committee.	
(a) Name of Committee (in full))	
US SENATE VICTORY CO	DMMITTEE	
(b) Address (number and stree	ot)	
228 S WASHINGTON ST S	STE 115	
(c) City, State and ZIP Code		
ALEXANDRIA	22314	
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES	[ADDITIONAL]
	(Including Joint Fundraising Representatives)	
I hereby authorize the following named candidacy.	committee, which is NOT my principal campaign committee, to receive and expend fund	s on behalf of my
NOTE:This designation should	be filed with the principal campaign committee.	
(a) Name of Committee (in full))	
RUBIO RIVERA 2010		
(b) Address (number and stree	et)	
228 S WASHINGTON STR	REET SUITE 115	
(c) City, State and ZIP Code		
ALEXANDRIA	22314	
С	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named candidacy.	committee, which is NOT my principal campaign committee, to receive and expend fund	s on behalf of my
NOTE: This designation should	be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
RUBIO VICTORY COMMI	TTEE	
(b) Address (number and stree PO BOX 365	et)	
(c) City, State and ZIP Code		
MCLEAN	22101	
		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

	(modeling countries and all of the control of the c	
I hereby authorize the following nar candidacy.	ned committee, which is NOT my principal campaign committee, to receive and expend funds o	on behalf of my
NOTE:This designation sho	ould be filed with the principal campaign committee.	
(a) Name of Committee (in	full)	
US SENATE VICTORY	COMMITTEE 2010	
(b) Address (number and s	treet)	
228 S WASHINGTON S	ST STE 115	
(c) City, State and ZIP Cod	le	
ALEXANDRIA	22314	
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following nar candidacy.	med committee, which is NOT my principal campaign committee, to receive and expend funds of	on behalf of my
NOTE:This designation sho	ould be filed with the principal campaign committee.	
(a) Name of Committee (in	full)	
The Leader's Project		
(b) Address (number and s	street)	
P.O. Box 365		
(c) City, State and ZIP Coo	de	
McLean	22101	
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following na candidacy.	med committee, which is NOT my principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation she	ould be filed with the principal campaign committee.	
(a) Name of Committee (in	ı full)	
2010 SENATORS' CLA	ASSIC COMMITTEE	
(b) Address (number and s	·	
228 S WASHINGTON	STREET SUITE 115	
(c) City, State and ZIP Cod	de	

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ALEXANDRIA

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

	(Including)	Joint Fundraising Representatives)	•
I hereby authorize the following name candidacy.	d committee, which is NOT my p	principal campaign committee, to receive and expend funds	s on behalf of my
NOTE:This designation shou	ld be filed with the principal o	campaign committee.	
(a) Name of Committee (in fu	ill)		
FLORIDA VICTORY COM	MMITTEE		
(b) Address (number and street 228 S WASHINGTON ST	·		
(c) City, State and ZIP Code			
ALEXANDRIA	22314		
		THER AUTHORIZED COMMITTEES Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following name candidacy.	d committee, which is NOT my p	principal campaign committee, to receive and expend funds	s on behalf of my
NOTE:This designation shou	ld be filed with the principal of	campaign committee.	
(a) Name of Committee (in fu	11)		
FOUNDERS JOINT CAN	DIDATE COMMITTEE		
(b) Address (number and street 228 S WASHINGTON ST			
(c) City, State and ZIP Code			
ALEXANDRIA	22314		
		THER AUTHORIZED COMMITTEES Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following name candidacy.	d committee, which is NOT my p	principal campaign committee, to receive and expend funds	on behalf of my
NOTE:This designation shou	d be filed with the principal of	campaign committee.	
(a) Name of Committee (in fu	II)		
LEGACY VICTORY FUN	D		
(b) Address (number and stre 228 S WASHINGTON ST	•		
(c) City, State and ZIP Code			<u> </u>
ALEXANDRIA	22314		

ALEXANDRIA

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(including Joint Fundraising Representatives)
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
NOTE: This designation should be filed with the principal campaign committee.
(a) Name of Committee (in full)
MAJORITY PARTNERSHIP FUND
(b) Address (number and street) 228 S WASHINGTON STREET SUITE 115
(c) City, State and ZIP Code

22314

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7116 PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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